M1600004599

Office Use Only



800286645328

2016 JUN -8 A IO

SOLE TOUR OF THE STATE OF THE S

JUH 0 9 2013 BRUCE

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

06-08-2016

NAME:

LOC ASSOCIATES LLC

TYPE OF FILING: FOREIGN QUAL

COST: 125.00

RETURN:

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

assie Hade

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

LOC ASSOCIATES LI	<i>USINESS IN THE STATE OF FLORIDA</i> L.C	•			
(Name of Fore	eign Limited Liability Company; mus	st include "Limited Liat	oility Company," "L.L.	C.," or "LLC.")	· · · · · · · · · · · · · · · · · · ·
Liability Company," "L.L.C," Massachusetts	Iternate name adopted for the purpose or "LLC.")	e of transacting business	s in Florida. The altern	ate name must i	nclude "Limited
2. (Jurisdiction under the law	of which foreign limited liability	3	(FEI number, if app	licable)	
company is organized) N/A					
388 Santana Row #130	(Date first transacted busine (See sections 605.0904 & 605.	ess in Florida, if prior to 0905, F.S. to determine	registration.) penalty liability)		
San Jose, CA 95128					
388 Santana Row #130	(Street Address of F 2	Principal Office)		·	
San Jose, CA 95128					
	(Mailing A	Address)		2016 ALL	
7. Name and street addres	ss of Florida registered agent: (P.	O. Box NOT accepta	able)		T
Name:	David Kerschner			公里,	1
Office Address:	622 East Washington Street, Su	ite 500	.	8 A	П
	Orlando		32801 . Florida		
Registered agent's accept	(City)		(Zip co		
lesignated in this application complywith the provision in the provision of necept the obligations of n	rgistered agent and to accept services, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. (Registered and address of the person(s)	ment as registered as proper and complete ered agent's signature)	gent and agree to ac performance of my	t in this capac	ity. I further agree
Robert J. Laughrea, Mana	nger				_
388 Santana Row #1302					
San Jose, CA 95128					·····
	KIT		n language, a transla		
This document is executed submitted in a document to	I in accordance with section 605.0 the Department of State constitution Robert J. Laughrea) 203 (1) (b), Florida S	tatutes. I am aware tl	nat any false in s.817.155, F.S	formation S.

Typed or printed name of signee



The Gommonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02138

June 6, 2016

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

LOC ASSOCIATES LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on February 25, 2015.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: ROBERT J. LAUGHREA

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: ROBERT J. LAUGHREA

The names of all persons authorized to act with respect to real property listed in the most recent filing are: ROBERT J. LAUGHREA



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Villian Travin Galicin